

**Instructions:**

- Send any pertinent back-up documentation. **DO NOT SEND ORIGINALS. Your documents will NOT be returned to you.**
- Please retain a copy for your records.
- Please do **NOT** include financial information, credit or debit card numbers, your complete social security number, etc., or other sensitive information. We will contact you if we need any of this information.

**Complainant Information:**

Complainant first name:  Last name:

Complainant street address:

City:  State:  Zip:

Phone number:  Email address (optional):

What is your relationship to the minor?

Do you speak English?  Yes  No What language would you prefer we use when contacting you?

**Minor Information:**

Minor's first name:  Last name:

Minor's street address:

City:  State:  Zip:

Minors Age:  Hours/Days minor is working:

Dates of Work:

Type of work minor is performing:

Does the minor have a work permit?  Yes  No

Is the minor currently working for the employer?  Yes  No

**Employer Information:**

Company name:

Company street address:

City:  State:  Zip:

Company phone number:

Owner's name (optional):  Manager's name (optional):

Type of company (optional):

**General Information:**

Type of violation: (Please select at least one):

- Time violation
- Hours Violation
- Other
- Prohibited occupation
- Work Permit Violation

If other, please elaborate (optional):

Number of minors working in violation of the law:

Please provide detailed information about the violation: (Use separate sheet if necessary.)

**Important Information:**

**I. Disclosure of Your Complaint.**

**Public Record.** Under most circumstances, your complaint, along with any documents submitted with your complaint, will be considered public record and available to any member of the public upon request. In response to such a request, we generally will not disclose your name, address, phone number or any other information that identifies you and will not disclose this form in response to any request that specifically seeks the complaint you submitted.

**Disclosure to the Employer.** In order to resolve your complaint, we may release any and all information regarding this complaint, including the form itself, to the employer you are filing a complaint about. However, we will not disclose your contact information.

**Disclosure to Other Entities.** Your complaint and any related information may be disclosed in its entirety to other law enforcement and regulatory agencies.

**II. Consulting With a Private Attorney.**

The Attorney General's Office cannot give you legal advice and is not able to be your private attorney but represents the public interest. If you have any questions concerning your individual legal rights or responsibilities you should contact a private attorney.

Do you believe the work is placing the minor in immediate danger  Yes  No

Please elaborate (optional):

**I HEREBY CERTIFY, UNDER THE PENALTIES OF PERJURY, THAT ALL OF THE STATEMENTS I HAVE MADE ON THIS FORM ARE TRUE.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Department of Labor**  
**Division of Labor and Industry**  
**Employment Standards Service**  
 10946 Golden West Drive - Suite 160  
 Hunt Valley, MD 21031  
 (410) 767- 2357 Fax: (410) 333-7303  
 E-mail: [DLDLIMdLaborComplaint-dllr@Maryland.gov](mailto:DLDLIMdLaborComplaint-dllr@Maryland.gov)